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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

ITALY VR2002A000094 09/25/2002

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>/SIS A D GHALI/ Examiner's Signature</i>		Initials	ITALY	7	33	5	

ADDRESS

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TITLE

Apparatus for the introduction of a new system for the treatment of maxillary and frontal sinusitis and neuritis and neuralgia of the trigeminal nerve

FILING FEE RECEIVED 576	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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